

***MEMBERSHIP DECLARATION***

I herewith declare my membership to the University Teachers’ Association (*UniversitätslehrerInnenverband – ULV*) at the University of Veterinary Medicine, Vienna (ULV-vetmeduni).

# Name

**Institute/Clinic**

Vienna,

**(Date) (Signature)**

Please return the filled-in form to: Dr. Katharina Hittmair

***Clinical Unit of Diagnostic Imaging***

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